PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correcte maintenance fee notificate	ed below or directed oth	ng the Patent, advance of perwise in Block 1, by (rders and notification of a) specifying a new corr	maintenance fees vespondence address	will be; and/or	mailed to the current or (b) indicating a separ	correspondence address as ate "FEE ADDRESS" for
CURRENT CORRESPOND	Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
23643	7590 12/26	/2006	114			_	
BARNES & TI 11 SOUTH MEI INDIANAPOLIS		P	I h St ad tra	ereby certify that that the test Postal Service v	nis Fee(with suf	e of Mailing or Transm s) Transmittal is being ficient postage for first ISSUE FEE address a 1) 273-2885, on the da	deposited with the United class mail in an envelope above, or being facsimile te indicated below.
							(Depositor's name)
							(Signature)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/698,614	10/698,614 10/31/2003		Andrew W. Marsden	len		20341-72636	9862
FITLE OF INVENTION	: SIPPER CUP WITH M	IEDICINE DISPENSER					
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$0		03/26/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS	7			
SMALLEY, JAMES N		3781	220-254400	·			
1. Change of corresponde CFR 1.363).	ence address or indication		2. For printing on the patent front page, list Barnes & Thornburg LLI				
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
☐ "Fce Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or t	vpe)			
			_	• '	iee is ic	dentified below, the do-	cument has been filed for
(A) NAME OF ASSIG			(B) RESIDENCE: (CIT				
Cosco Management, Inc. Wilmington, Delaware							
Please check the appropri	iate assignee category or	categories (will not be p	rinted on the patent):	☐ Individual 🛚 🖾 C	orporati	on or other private grou	up entity Government
4a. The following fcc(s)	are submitted:	4	b. Payment of Fee(s): (Ple		ny prev	iously paid issue fee s	hown above)
Issue Fee Dublication Fee (N	A check is enclosed Payment by credit c		2 is atta	schad			
Advance Order - #		☐ The Director is herel	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0435 (enclose an extra copy of this form).				
	tus (from status indicated						
	s SMALL ENTITY state		b. Applicant is no lo				
nterest as shown by the	records of the United Sta	tes Patent and Trademark	of from anyone other than of Office.	the applicant; a reg	isterea a	attorney or agent; or the	assignee or other party in
Authorized Signature	ada	avda. Peze	k_	Date	Febr	uary 23, 2007	7
Typed or printed name	Richard	l A. Rezek		Registration N	No	30796	
This collection of information application. Confident submitting the completed his form and/or suggestion 1450, Alexandria, V	ation is required by 37 C tiality is governed by 35 I application form to the ons for reducing this bur irginia 22313-1450. DC	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR	on is required to obtain or 1.14. This collection is e depending upon the induction Office COMPLETED FORMS	retain a benefit by t stimated to take 12 ividual case. Any co er, U.S. Patent and O THIS ADDRESS	the publ minutes omment Traden S. SENI	ic which is to file (and to complete, including s on the amount of tim nark Office, U.S. Depar D TO: Commissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE